Please type a plus sign (+) inside this box					
UTILITY	Attorney Docket N	No END 5212			
•		Little out of			
PATENT APPLICATION	Title: METHOD O	OF OPERATING ENDOSCOPIC DEVICE WITH ONE HAND			
TRANSMITTAL	I hereby certify that this correspondence is being deposited today many and the service as Express Mail – Post Office to Addressee in an envelope addressed to: Commissioner for Patents, NS Patent Application, PO Box 1450, Alexandria, VA 22313				
	l 44	(la) F. Sonson Date: September 29_2003			
	Name:	Linda F. Hansen			
(only for new nonprovisional applications under 37 CFR	Express Mail Lab	bel No. ER 554 936 014 US			
1.53(b)) APPLICATION ELEMENTS		ADDRESSED TO: 54			
See MPEP Chapter 600 concerning utility patent app	dication contents.	Commissioner For Patents MS Patent Application			
500 Mi 2. Citapin 199		PO Box 1450 Alexandria, VA 22313-1450			
1. ⊠Fee Transmittal Form (e.g., PTO/SB/17)		7. CD-ROM or CD-R in duplicate, large table or Computer			
(submit an original and a duplicate for fee	processing)	Program (Appendix)			
Applicant claims small entity status.     Specification [Total Pages 21]	11	8. Nucleotide and/or Amino Acid Sequence			
(Preferred arrangement set forth below)		Submission (if applicable, all necessary) a. Computer Readable Form (CRF)			
Descriptive Title of the Invention     Cross Reference to Related Application	une.	h ☐ Specification Sequence Listing on:			
<ul> <li>Statement Regarding Fed sponsored</li> </ul>	R&D	i. CD-ROM or CD-R (2 copies); or			
<ul> <li>Beference to sequence listing, a table</li> </ul>	, or a	ii. Paper c. Statement verifying identity of above copies			
computer program listing appendix - Background of the Invention		_			
- Brief Summary of the Invention		ACCOMPANYING APPLICATION PARTS			
Brief Description of the Drawings (if filed)     Detailed Description		9. ⊠ Assignment Papers (cover sheet & document(s)) 10. □ 37 CFR 3.73(b) Statement ⊠ Power of Attorney			
- Claim(s)		(when there is an assignee)			
- Abstract of the Disclosure		11 Tenglish Translation Document (if applicable)			
	01 1- 44.1	12. Information Disclosure Statement (IDS)/PTO-1449 Copies of IDS Citations			
4. ☑ Drawing(s)(35 USC 113) [ Total	Pages 3 ]	13 Preliminary Amendment			
<ol> <li>S.</li></ol>		14 Return Receipt Postcard (MPEP 503)			
b Conv from a prior application (	37 CFR 1.63(d))	(Should be specifically itemized) 15. ☐ Certified Copy of Priority Document(s)			
(for continuation/divisional with Box	x 18 completed)	(if foreign priority is claimed)			
i. DELETION OF INVENTOR	R(S)	16. Nonpublication Request and Certifications under			
Signed statement attached	l deleting	35 U.S.C. 122 (b)(2)(B)(i). Applicant must attach form			
inventor(s) named in the prosee 37 CFR 1.63(d)(2) and	rior application,	DTO/SB/35 or its equivalent.			
		17. Application Cover Sheet w/Express Mail Certification			
6. Application Data Sheet. See		nx and supply the requisite information below and in a			
☐ Continuation ☐ Divisional ☐ Cont	inuation-in-Part	Group Art Unit:			
Prior application information: Examin	only: The entir	the prior application from which an oath or			
declaration is supplied under Box 5b, is con	sidered a part of	tire disclosure of the accompanying continuation or divisional from the disclosure of the accompanying continuation or divisional accomposition can only be relied upon when a portion has been			
application and is hereby incorporated by re inadvertently omitted from the submitted app		Reciporation out State of the S			
19. CORRESPONDENCE ADDRESS		7 or 🛛 Correspondence Address below			
☐ Customer Number or Bar Code Labe     Name: Philip S. Johnson, Esq.	000027777	OI MA COLLESPONDENCE MANAGED STORY			
Address Johnson & Johnson, Or	ne Johnson & Jo	ohnson Plaza			
New Brunswick, NJ 089	33-7003 USA	4			
20. TELEPHONE CONTACT: Gerry Please direct all telephone calls or to	S. Gressel axes to: Telep	phone: (513) 337-3535 Fax: (513) 337-8489			
21. SIGNATURE OF APPLICANT, ATT	ORNEY, OR A	AGENT REQUIRED			
NAME		Reg. No. 34,342			
Gerry S. Gressel	<del>-/}</del> -	1 1 Date:			
SIGNATURE 12 1m	ے لاہ	9/24/03 September 29,2003			



## FEE TRANSMITTAL Filing Date First Named Inventor Group Art Unit Examiner Name Attorney Docket Number Complete if Known September 29, 2003 Christopher J. Hess et al. Examiner Name Attorney Docket Number END-5213

## **FEE CALCULATION**

## CLAIMS AS FILED

(1)	(2)		(3)	(4)	(5)
FOR:	NUMBER	FILED	NUMBER EXTRA	RATE	BASIC FEE \$ 750.00
TOTAL CLAIMS	15	- =	0	x 18.00	\$ 00.00
INDEPENDENT CLAIMS	3	=	0	x 84.00	\$ 00.00
MULTIPLE DEPENDENT CLAIMS	0	- =	N/A	X 280.00	
<del></del>				TOTAL FEES	\$750.00

## METHOD OF PAYMENT

- Please charge Deposit Account No. 10-0750END-5213/GSG in the amount of \$750.00.
- The Commissioner is hereby authorized to charge any additional fees which may be required in connection with the filing of this communication, or credit any overpayment, to Account No. 10-0750END-5213/GSG.

SUBMITTED B	Y:		Complete (if applicable)
Typed or Printed Name	Gerry S. Gressel		Reg. No. 34,342
Signature	D- 2. 12	Date: September 29, 2003	Deposit Account No. 10-0750